SPOTLIGHT ON...

ACCESSING SERVICES TO PROMOTE WELL-BEING, PERMANENCY AND SAFETY

While DCS has a legal duty to ensure that children in our custody receive needed health care services, it is important to understand that the parents are still responsible for providing medical support if they are financially able to do so. Medical support (i.e. paying for health insurance or contributing to cost of health care) is part of child support. However, we know that practically speaking, many of our families do not have private health insurance or cannot afford it. Additionally, federal foster care funds (IV-E) cannot be used to provide health care services to children in custody. Therefore, TennCare is the main source of funding for medical and behavioral health care for children in custody.

If a child is TennCare eligible, TennCare **MUST** be accessed first before using any other funding mechanism to pay for medically necessary services. If a TennCare managed care company (MCO, BHO, or Doral Dental) denies a prescribed or recommended service to a child in custody, DCS **MUST** file a TennCare appeal on behalf of the child. This is one way to help ensure the child's well-being, but filing a TennCare appeal for the child is also a LEGAL REQUIR EMENT for DCS.

WHO CAN FILE THE APPEAL?
Any DCS staff or any involved adult can file a TennCare appeal on behalf of a DCS child. However, if someone besides DCS Health Advocacy staff files the appeal the regional Health Advocacy Rep. (formerly known as "TennCare Reps.") must be notified.

WHAT HAPPENS NEXT?
TennCare will ask the managed care company to reconsider their denial, delay, reduction, suspension, or termination of the service. If TennCare thinks the child should have the service, they will direct the MCO, BHO, or Doral to provide it.

WHAT IF TENNCARE AGREES WITH THE MANAGED CARE COMPANY?
If TennCare agrees with the MCO, BHO, or Doral Dental then the appeal is automatically sent on to the hearing stage. If the child does not have another attorney willing to represent them at the hearing, DCS will make a referral to the TN Alliance for Legal Services (TALS) and a Legal Aid attorney will represent the child.

HOW LONG DOES IT TAKE TO RESOLVE A TENNCARE APPEAL?

An expedited or urgent appeal must be resolved in 31 days – resolved means the enrollee has either gotten the service or there is a hearing to decide the case. Standard appeals must be resolved within 90 days.

WHAT IS THE ROLE OF DCS STAFF IN TENNCARE APPEAL HEARINGS?

Once we file the appeal for the child and make a referral for the child to have legal representation, the role of DCS staff is to respond to requests from the attorneys representing the parties at the hearing. These requests will be for information about the child and possibly for DCS staff to be a witness at the hearing. If either of these attorneys request information that is not related to the TennCare appeal, consult with your local DCS attorney before providing the information.

WILL A DCS ATTORNEY PARTICIPATE IN THE HEARING?

DCS is technically not a party to any TennCare appeal on behalf of a child in custody. This is true even when the appeal is about a TennCare-funded service that DCS provides, such as TCM or residential treatment. The parties to **every** TennCare appeal are **always** the enrollee vs. TennCare. So a DCS attorney can only participate in a TennCare appeal hearing as a witness, not as an attorney, because they do not represent either of the parties in the appeal.

****Note:** *If the TennCare appeal/hearing is about a DCS placement, you should at least make sure your local DCS attorney is aware in case the outcome of the TennCare hearing conflicts with what the juvenile court has approved or reviewed.*

WHAT HAPPENS AFTER THE HEARING?

An Administrative Law Judge (ALJ) will either decide in favor of the enrollee or in favor of TennCare. If the decision is in favor of the enrollee, the ALJ will order the service to be provided and the Office of Contract Compliance and Performance (OCCP) at TennCare will monitor until the appropriate managed care company provides the service. Usually, the service has to be provided within 5 days of a decision favorable to the enrollee. Either the enrollee or TennCare may appeal the decision of the ALJ. Such an appeal would go to Chancery Court.

IN A NUTSHELL

TennCare is the primary way DCS gets medical/behavioral health services provided to children in DCS custody

If a child is TennCare eligible, TennCare **MUST** be accessed first

If a service is denied, DCS **MUST** file a TennCare appeal for the child;

The child will have an attorney represent them on the appeal and at hearing

DCS staff can participate as witnesses, if asked, at a TennCare appeal hearing

If we cannot get the service paid for by TennCare, then the Medical Delegated Purchase Authority (Medical DPA) can be accessed.

Look for a future article for more details on how and when to use the Medical DPA.

-- Mary Jane Davis
Counsel for Health Law & Policy
DCS General Counsel's Office

The Doctor Is In

Q & A with DCS Consulting Psychiatrist Dr. Deb Gatlin

A child in my care was recently in the psychiatric hospital after becoming very unstable and attempting suicide. She was only there for 4 days. This seems very short. How do I know she got the right care, and why isn't this placement longer?

Maxine, CM3

Dear Maxine:

Thank you for your question. This is a common concern.

Acute psychiatric hospitalization is very similar to acute medical hospitalization. Both are only used for emergency care when appropriate treatment or care cannot be conducted in other settings. Emergency situations for psychiatric reasons are generally due to "an acute danger to self or others". Typically this means that clinicians do not feel with confidence that the child will be safe from self-harm or others will not be safe if the child is not hospitalized.

Therefore, the goal of the psychiatric hospitalization is **stabilization**. With stabilization, the child may quickly return home or to less restrictive, less invasive treatment settings. This again is similar to acute medical hospitalization in that the child is quickly treated for the medical condition and returned home when treatment can continue on an outpatient basis.

Hospitalizations are very intrusive, and potentially frightening experiences. The child is suddenly whisked into unfamiliar

surroundings, being poked and prodded by unfamiliar people, including a nurse, psychologist, psychiatrist, and other assistants.

Our goal within the department is to avert the need for psychiatric hospitalization whenever possible, and when the need for acute hospitalization occurs, make the **transition** as comfortable and **non-traumatic** for the child as possible. This means that children should have **familiar possessions with them**, like their own clothing and person hygiene, and personal items allowed in the hospital (a favorite blanket or a book). As with a medical hospitalization, **frequent contact with primary caretakers and case managers are very important**, and affect the child's response to treatment. This contact also makes the child feel more secure, and eases the transition in and out of the hospital.

So while a stay in the psychiatric hospital may be a short time, the transition to the hospital, and the coordination while the child is in the hospital, is very important. You can ensure good follow up care by notifying the hospital of the child's planned placement following the hospital stay, so that appointments can be made.

Also, please involve your regional psychologist in treatment planning meetings held by the hospital, and contact them with any questions you have about an individual case.

Do you have a question about mental health treatment? The doctor is in! Questions for Dr. Gatlin may be submitted to MaryAnn Burkhart on GroupWise.

Cases Closed

East CPS Staff, Commissioner Spotted Down By the Dam

On Sat. Oct. 8th, the East Regional CPS staff met at TVA's Melton Hill Dam for 5 hours of fun and fellowship to celebrate the accomplishment of closing our overdue cases! Commissioner Viola Miller and her husband Rusty joined us in this celebration of food and fun. The day included bluegrass, with members of the local Avery Trace Band.

The highlight was a steak lunch cooked by our RA, Kirk Lane and our Program Coordinator, Tony Nease. Also included was corn on the cob, boiled potatoes, hot rolls and salad. Our CPS Team Coordinators Kathy Rowden and Joan Davis helped serve us. There were fabulous desserts, children running and playing, and an overall sense of pride, accomplishment and togetherness in this event!

East did the impossible; it just took us a year! From Aug.1, 2004 until July 30, 2005, we closed over 5,995 overdue CPS cases as well as

maintaining timely investigations and closure of over 13,000 new cases.

Currently, East CPS has maintained over 97% cases closed timely in under 60 days. As the Commissioner stated, "East Rocks!"

-- Charlene Neidig
CMIV CPS, Campbell Co.

Foster Care and Adoption Conference

> ***CAUTION! WARNING!*** *The following contribution to the Weekly Wrap up contains "warm and fuzzy" information...if you are offended by expressions of warmth, tender heartedness and love, please stop reading at this point!*

Usually the month of October is that dreaded month for me, as it is the month that I become a year older. I can only hope that with each year I become wiser. This year, I believe I did indeed become wiser. This October was met with much anticipation and excitement due to the fact that I was invited to do a presentation at the Fall Foster Care and Adoption Conference.

I began my presentation, "Working With Birth Parents," by asking those in attendance, why they decided to become foster parents. The responses varied. Some indicated that they were experiencing the 'empty nest' syndrome. Many indicated that they had stepped in to help a family member who was caught up in drugs and alcohol. In one session alone there were two families who had experienced the death of a child and indicated that they missed the pitter-patter of little feet running around the house. Some were new to fostering kids while others had been involved with fostering for over 20 years. And oh the pictures!! Everyone wanted to share pictures and tell stories about 'their kids'. There were even tears and obvious sadness when the conversation turned to these kids returning to their birth parents.

So often after ending a long day at the office we in social services / child welfare go home to our own families and say things like "I am not taking any work home today", "I am leaving the job at the job", "I am going home and I am not going to even think about work". It occurred to me that foster parents "work" 24-7, and what we refer to as "work" is actually "family" for so many of them. While I have always respected foster parents and the contributions that they make, after doing this workshop I had an even greater appreciation for what they do.

While there were so many warm and fuzzy moments, the foster parents also let me know that still there needs to be improvements when it comes to the birth parent, foster parent, DCS relationship. There was agreement however that the relationship was better today than it had been in the past and I predict that the relationship between birth parents, foster parents and the Department of Children Services will be even better in the future.

Yes, that old saying is true, “a year older and wiser” and I might add, “appreciative”, for all of life’s experiences.

Valerie J. Handy, M.S.
Program Manager, DCS Training Division